

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8307	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/28/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WESTMORELAND CARE & REHAB CTR

**1559 NEW HIGHWAY 52
WESTMORELAND, TN 37186**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 001}	<p>1200-8-6 Initial Comments</p> <p>This Rule is not met as evidenced by: Stories: 1 Construction Type: II Plans available on site Constructed: Sprinklered: Yes Certified beds: 100</p> <p>A Life Safety revisit survey was conducted on 06/28/2019 for all previous deficiencies cited on 05/06/2019. All deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.</p>	{N 001}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER WESTMORELAND CARE & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1559 NEW HIGHWAY 52 WESTMORELAND, TN 37186
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N 001	<p>1200-8-6 Initial Comments</p> <p>This Rule is not met as evidenced by: Stories: 1 Construction Type: II Plans available on site Constructed: Sprinklered: Yes Certified beds: 100</p> <p>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 05/06/2019. During this Life Safety Survey, Westmoreland Care and Rehab was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).</p> <p>The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by:</p> <p>All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. The system used shall be recorded and documentation shall be maintained for the life of the installation. Any Engineering Judgements requires state approval.</p>	N 001		
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and</p>	N 831	1200-8-6.08(1) Building Standards	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Hashell Speer

TITLE

Administrator 5/24/19

(X6) DATE

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER WESTMORELAND CARE & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1559 NEW HIGHWAY 52 WESTMORELAND, TN 37186		
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N 831	<p>Continued From page 1</p> <p>the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall environment.</p> <p>The finding included:</p> <p>Observation on 05/06/2019 at 10:05 AM, revealed an unsealed penetration to the corridor wall behind the nurses kiosk outside of room 104. NFPA 101, 8.4.4.1 (2012 Edition)</p> <p>The maintenance director was present when this deficiency was identified, and was later acknowledged by the interim administrator and the regional vice president in the exit conference on 05/06/2019.</p>	N 831	<p>1. What corrective action will be accomplished for the identified deficient practice: A. Maintenance Director immediately sealed the penetration to the corridor wall behind the nurses kiosk outside of room 104 with appropriate fire rated caulking system.</p> <p>2. How will the facility identify other areas in the facility have the potential to be affected by the deficient practice: A. All other areas behind kiosks in halls have been inspected and sealed properly by approved fire barrier sealant system.</p> <p>3. What measures will be put into place or systematic changes made to ensure the deficient practice does not recur: A. Maintenance Director and/or Maintenance Assistant will audit corridor walls behind kiosks for penetrations weekly and monthly thereafter or until substantial compliance is achieved.</p> <p>4. How will the deficient practice be monitored to ensure the deficient practice does not recur: A. Any negative results from the audits will be documented and reported to the QAPI Committee in Monthly Quality Assurance Performance Improvement Meeting by the Maintenance Director and/or Administrator monthly for three months and/or until substantial compliance is achieved thereafter.</p>	6/10/19